

**FORM K**

**WELFARE DEPARTMENT  
CITY OF BERLIN, NH  
WORK PROGRAM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FOR WK. ENDING: \_\_\_\_\_

As a recipient of the City of Berlin's Welfare, I know I am required to work on the City's Work Program. After receiving assistance for this week, I have been

asked to report to

\_\_\_\_\_ at \_\_\_\_\_  
(place) (time)

on \_\_\_\_\_ and participate in the Work  
(date(s))

Program.

My rate of exchange of \_\_\_\_\_ per hour which is the prevailing wage for the kind of work I am required to perform, will be measured against my total assistance for this week. I will not be required to work more hours than my assistance calls for.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Amount of assistance this week)

\_\_\_\_\_  
(Maximum work hours this week)